DEPARTMENT OF MENTAL HEALTH
POLICY/PROCEDURE

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CLINICAL CORRESPONDENCE CONCERNING CLIENTS	**300.03**	**03/15/2015**	**1 of 4**
APPROVED BY:  Director	SUPERSEDES **202.39 10/15/2010**	ORIGINAL ISSUE DATE **10/15/2010**	DISTRIBUTION LEVEL(S) **1**

PURPOSE

1.1 To establish a uniform policy for staff of the Los Angeles County Department of Mental Health (LACDMH) directly-operated programs when responding to requests for clinical correspondence to clients or on behalf of clients.

DEFINITION

2.1 **LACDMH Client**:

2.1.1 **Active LACDMH Client**: An individual with an open LACDMH episode and has not had services terminated per LACDMH Policy No. 312.01 and Policy No. 312.02.

2.1.2 **Inactive LACDMH Client**: An individual with no open LACDMH episode or whose services have been terminated per LACDMH Policy No. 312.01 and Policy No. 312.02.

2.2 **Clinical Correspondence**: A document created by LACDMH clinical staff that is based upon documentation contained in a client's Clinical Record for the purpose of transmission to an active or inactive client or an outside agency or individual, and is NOT completed in the context of an interagency agreement for specialized clinical consultation.

POLICY

3.1 LACDMH clinicians shall only respond to requests for correspondence concerning any person who is an active or inactive LACDMH client. (See Procedure 4.2.2)

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3.2 The information provided in the clinical correspondence must be factual, based on information clearly documented in the clinical record, and contain only information that is clearly requested. Information provided must have been obtained as a necessary part of the clinical assessment and treatment of the client's mental health condition. (See Procedure 4.2)

3.2.1 Any clinical assertions expressed in the correspondence shall be clearly based upon information contained in the record.

3.3 Copies of any clinical correspondence must be retained as correspondence in the LACDMH Clinical Record.

PROCEDURE

4.1 Prior to providing a response to a request correspondence:

4.1.1 The appropriate authorization must be obtained pursuant to LACDMH Policy No. 500.01, Use and Disclosure of Protected Health Information Requiring Authorization (Reference 1) unless the response is pursuant to LACDMH Policy No. 500.02, Use and Disclosure of Protected Health Information Without Authorization (Reference 2).

4.1.1.1 A valid "AUTHORIZATION FOR REQUEST OR USE/DISCLOSURE OF PROTECTED HEALTH INFORMATION (PHI)" in accordance with LACDMH Policy No. 500.01, Use and Disclosure of Protected Health Information Requiring Authorization, must be obtained and filed in the Clinical Record. (Reference 1)

4.1.2 The request, the authorization (if applicable), and the proposed response must be reviewed and approved by an administrative supervisor.

4.2 Information in the response to a request for correspondence must meet the following standards:

4.2.1 Correspondence must be addressed to the specific active/inactive client or outside agency/individual to whom the correspondence is being transmitted and may NOT be addressed "To Whom It May Concern."

4.2.2 If an active/inactive client or outside agency/individual requests clinical correspondence based on historical information from the client's record, the correspondence may be provided and filed as correspondence in the clinical record whether or not the client has an open episode.

4.2.3 If an active/inactive client or outside agency/individual requests information regarding the client's current status/condition, the information may only be provided when the client is actively receiving mental health treatment:

4.2.3.1 If the client is currently inactive and a decision is made to provide information regarding the client's current status/condition, the record must be reopened by conducting a Returning Client Assessment per the Short-Doyle/Medi-Cal Organizational Providers Manual.

4.2.3.2 If the client is currently active, it is the clinician's responsibility to determine if an assessment addendum is required for the documentation to comply with Section 3.2 of this Policy.

4.2.4 Requests for documentation determining a client's ability to return to work: A psychiatrists' response to requests from active clients for documentation regarding his/her ability to return to work related to their mental health treatment shall be based upon information contained in the clinical record (See Section 3.2.1 above). Examples include:

4.2.4.1 My assessment of the client is that the previous symptoms that he/she states have interfered with his/her ability to work have improved. He/she is responding to treatment and participating in recommended treatment modalities, or

4.2.4.2 My assessment of the client is that the previous symptoms that he/she states have interfered with his/her ability to work are still present.

AUTHORITY

1. LACDMH Administrative Directive

REFERENCE

1. LACMH Policy No. 500.01, Use and Disclosure of Protected Health Information Requiring Authorization
2. LACDMH Policy No. 500.02, Use and Disclosure of Protected Health Information Without Authorization

RESPONSIBLE PARTY

LACDMH Office of the Medical Director
LACDMH Program Support Bureau, Quality Assurance Division